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## GCA CARE PLAN

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PARENT?GUARDIAN NAMES: \_\_\_\_\_ DOCTOR'S NAME/PHONE#: \_\_\_\_\_

ALLERGIES/ILLNESS:

ALLERGY/ILLNESS:

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SYMPTOMS:

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TREATMENT:

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OTHER CONCERNS:

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DIETARY NEEDS

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OTHER CARE REQUESTS:

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PARENTS SIGNATURE: \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_

DATE OF PLAN: \_\_\_\_\_ (STAFF SIGNATURE)